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CONFIRMATION NO. 4763

<b>SERIAL NUMBER</b> 10/731,607	<b>FILING OR 371(c) DATE</b> 12/09/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1625	<b>ATTORNEY DOCKET NO.</b> R0032H-DIV
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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 10/425,778 04/29/2003 PAT 6,693,200 which is a DIV of 10/159,589 05/31/2002 PAT 6,596,876  
 which is a DIV of 09/666,065 09/19/2000 PAT 6,472,536  
 which is a DIV of 09/137,507 08/20/1998 PAT 6,184,242  
 which claims benefit of 60/089,916 06/19/1998  
 and claims benefit of 60/088,015 06/04/1998  
 and claims benefit of 60/057,808 09/04/1997

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/15/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 2	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

## ADDRESS

24372

## TITLE

2-(substituted-phenyl)amino-imidazoline derivatives

<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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